## NC DHHS DMH/DD/SAS

## Reviewer:

		Conditional				Full				
L	Description	Endorsement		NOT		Endorsement		NOT		_
	Residential Supports	Evidence of Compliance	MET	NOT MET	N/A	Evidence of Compliance	MET	NOT MET	N/A	Comments
h	1 Provider Requirements	Compliance	IAITI	1417 1	IVA	Compliance	IAIT	1417 1	11//	Comments
	a **1) Must be delivered by practitioners employed by an organization that meets the standards established by the Division of MHDDSAS or LME approved/endorsed by DHHS. These standards set for the administrative, financial, clinical, quality improvement, and	Provider application with all required supporting documentation as required in;				Provider application with all required supporting documentation as required in;				
	b 2) Provider organization must demonstrate they meet these standards by being endorsed by the LME.	provider application; program description Policy and				Provider application; program description Policy and				
	3 - 3	Procedure Manual				Procedure Manual				
	2 Staffing Requirements									
	Worker must meet the following requirements:									
	Staff must meet the requirements for paraprofessionals in 10A NCAC 27G.0200.	Program description; Personnel Manual; job descriptions				Personnel files; supervision plans or other documentation that staff minimum requirements and supervision requirements are met Personnel files;				

	identified by the individual's person-centered planning team and documented in the plan of care.	description; Personnel Manual; job descriptions	supervision plans or other documentation that staff minimum requirements and supervision requirements are met; documentation that client specific training has been provided as identified in the Plan of Care. Copy of the Plan of Care.		
С	Direct care staff must have a criminal record check.	Program description; Personnel Manual; job descriptions	Personnel files; supervision plans or other documentation that staff minimum requirements and supervision requirements are met; copy of criminal record check.		
d	A healthcare registry check is required as required in accordance with 10A NCAC 27G.0200	Program description; Personnel Manual; job descriptions	Personnel files; supervision plans or other documentation that staff minimum requirements and supervision requirements are met; copy of healthcare registry check.		
е	A driving record must be checked if staff is providing transportation.	Program description; Personnel Manual; job descriptions	Personnel files; supervision plans or other documentation that staff minimum requirements and supervision		

				requirements are met; copy of driving		
				record check.		
3	Service Type/Setting					
a	Residential Supports provide assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming, cleanliness, bed making, household chores, eating, the preparation of food, social and adaptive skills necessary to enable the individual to reside in a non-institutional setting.	Program description; policies and procedures		Program description, policies and procedures and service notes documenting implementation of appropriate programming.		
4	Program/Clinical Requirements					
а	instruction are coupled with elements of support, supervision and engaging participation to reflect the natural flow of training, practice of skills, and other activities as they occur during the course of the person's day.	Program description; policies and procedures		Program description, policies and procedures and service notes documenting implementation of appropriate programming.		
b	includes habilitation and training activities, as well as care and assistance with activities of daily living when the individual is dependent on others to ensure health and safety.	Program description; policies and procedures		Program description, policies and procedures and service notes documenting implementation of appropriate programming.		
С	Interactions with the person are designed to achieve outcomes identified in the Plan of Care.	Program description; policies and procedures		Program description, policies and procedures and service notes documenting implementation of appropriate programming; copy of approved Plan of Care.		
d	Support and supervision of the	Program		Program		

	person's activities to sustain skills gained through habilitation and training are also acceptable goals of Residential Supports.	description; policies and procedures	description, policies and procedures and service notes documenting implementation of appropriate programming; copy of approved Plan of Care.
e	The intent of this service is to meet the habilitation and personal care needs of individuals living in licensed residential settings or unlicensed alternative family living homes. It was designed to provide flexibility and reflect the natural flow of a person's day.	Program description; policies and procedures	Program description, policies and procedures and service notes documenting implementation of appropriate programming; copy of approved Plan of Care.
f	This service is provided to individuals who live in licensed community residential settings, foster homes, or alternative family living homes as well as unlicensed alternative family living homes that serve one adult.	Program description; policies and procedures	Program description, policies and procedures and service notes documenting implementation of appropriate programming; copy of approved Plan of Care.
g	This service also provides assistance, support, supervision, and monitoring that allow individuals to participate in home or community activities.	Program description; policies and procedures	Program description, policies and procedures and service notes documenting implementation of appropriate programming; copy of approved Plan of Care.
h	Individuals living in licensed settings may use this service to provide habilitation and support in community living	Program description; policies and procedures	Program description, policies and procedures and service notes

	activities such as shopping and leisure activities in the community.		documenting implementation of appropriate programming; copy of approved Plan of Care.		
5	Service Limitations		_		
а	Payments for Residential Supports are not made for room and board.	Program description; policies and procedures	Program description, policies and procedures and service notes documenting implementation of appropriate programming.		
b	Payments for Residential Supports do not include payments made, directly or indirectly, to members of the individual's immediate family.	Program description; policies and procedures	Program description, policies and procedures and service notes documenting implementation of appropriate programming; billing records.		
С	For the purpose of this waiver, immediate family means parent or stepparent of a minor child, or spouse.	Program description; policies and procedures	Program description, policies and procedures and service notes documenting implementation of appropriate programming.		
d	Payments will not be made for the routine care and supervision that would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid.	Program description; policies and procedures	Program description, policies and procedures and service notes documenting implementation of appropriate programming; billing records.		
е	Residential Supports can be provided in licensed residential	Program description;	Program description, policies		

	settings of 8 beds or less including licensed Alternative Family Living or Foster Homes and unlicensed alternative family living homes serving one adult.	policies and procedures	and procedures and service notes documenting implementation of appropriate programming; copy of approved Plan of Care.		
f	With additional justification, individuals living in licensed settings of greater than 8 beds may receive residential supports.	Program description; policies and procedures	Program description, policies and procedures and service notes documenting implementation of appropriate programming; copy of approved Plan of Care with clear justification if an individual is living in a licensed setting of greater than 8 beds.		
g	Additional justification will include identification and documentation in the Plan of Care of the unique circumstances that would require the individual to live in a setting larger than 8 beds and documentation that all options were provided to the individual/family during the person-centered planning process.	Program description; policies and procedures	Program description, policies and procedures and service notes documenting implementation of appropriate programming; copy of approved Plan of Care with clear justification if an individual is living in a licensed setting of greater than 8 beds.		
h	Individuals who live in licensed group homes or adult care homes with more than 8 beds and who were participating in the CAP-MR/DD waiver (North Carolina's	Program description; policies and procedures	Program description, policies and procedures and service notes documenting		

	approved 1915-C Home and Community Based Waiver) at the time of the implementation of this waiver may also receive Residential Supports		implementation of appropriate programming; copy of approved Plan of Care.		
i	Individuals who receive Residential Supports may not receive State Plan Adult Care Personal Care Services or waiver Personal Care Services since personal care components are included within the definition.	Program description; policies and procedures	Program description, policies and procedures and service notes documenting implementation of appropriate programming.		
j	Limitations: Residential Supports may not be provided at the same time of day that a person receives:  • Adult Day Health  • Day Supports  • The Community component of Home and Community Supports  • Respite  • Supported Employment  • Transportation	Program description; policies and procedures	Program description, policies and procedures and service notes documenting implementation of appropriate programming; copy of approved Plan of Care.		
ŀ	Home and Community Supports may be used with Residential Supports only in order to meet the day programming needs of individuals who have chosen not to receive their day programming needs through a licensed facility.	Program description; policies and procedures	Program description, policies and procedures and service notes documenting implementation of appropriate programming; copy of approved Plan of Care.		
6					
6	Documentation on a grid to include: full date the service was provided, goals that are being addressed; a number or letter as specified in the key which reflects the intervention/activity; a number or letter as specified in the key which reflects the assessment of	Service Record; Policy and Procedure Manual	Evidence of documentation according to Service Records Manual.		

the consumer's progress toward goals; duration, when required; and initial so the individual providing the service. Initials shall correspond to a signature on the signature log section of the grid.					
b Residential Supports is a blended service that includes habilitation, personal care, and support; therefore, all areas shall be addressed. Personal care and support may be addressed by using a grid, checklist or a daily note.	Service Record; Policy and Procedure Manual	П	Evidence of documentation according to Service Records Manual.		

Date Reviewed: